See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sagramento, California

1	WASIE MANIFEST CAD 008 25 2 98	Manifest Document No. 184824	o. 2. P			e shaded areas y Federal law.		
TO STATE OF THE PARTY OF THE PA	3. Generator's Name and Mailing Address PARA PLATE 15910 SHOEMAKER AVE, CERRITOS, CA 90703			A. State Manifest Document Number 88687891				
SEE	4. Generator's Phone (21)3 404-3434			B. State Generator's				
STEERS					C. State Transporter's ID ///236			
25022	OMEGA RECOVERY SERVICES CAD 042 245 001			D. Transporter's Phone 213 698-09				
	7. Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's ID					<u> </u>		
9555	9. Designated Facility Name and Site Address 10. US EPA ID Number G. State Facility's ID							
STATE OF	OMEGA RECOVERY SERVICES			CIAID01412121415T0101/1				
	12504 E. WHITTIER BLVD WHITTIER, CA 90602 CAD 042 245 001 H. Facility's Phone 213 698-0991							
STATE CARRIES	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID		Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste N		
-	a. WASTE ORM-A N.O.S NA 1693					Stat 211,2		
G	(FBEXOSOLVENT)		.7 DM	010121010		EPA/Other		
E	b.	010	14 1-1	CHORACIC	(2)	FOOL, FO		
R A		- "			1 1	EPA/Other		
T O R			$\sqcup \sqcup$	1111				
n	C.					State		
		1 1	. .	1171		EPA/Other		
NAME OF TAXABLE PARTY.	d.					State		
			. .		,	EPA/Other		
1000	J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above				sted Above			
000								
Name of the least	A) FOR RECYCLE		c.	<u> </u>	d.			
STANGE OF	15. Special Handling Instructions and Additional Information							
SHOW	PROFILE NUMBER B 10016							
	DMEDCINGY DUONE NUMBER 212 404-2424							
	EMERGENCY PHONE NUMBER 213 404-3434							
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and							
WEEK.	national government regulations. If I am a large quentity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree i have determine							
1	to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes in present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste							
200	generation and select the best waste management method that is available Printed/Typed Name		d.			Month Day		
b	Printed/Typed Name CAPV MTT 4511	21:	MI	1.11	1	0516		
Ť	17. Transporter 1 Acknowledgement of Receipt of Materials	T	- July	The state of the s	************	B. L. LY		
R A N	Printed/Typed Name Signs	ature /	11	1		Month Day		
SSP	UNIER HERIVANDEZ	Jane to	tean	andy	1	DOINE		
R	18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signa	atura		\	<i>]</i>	Month Day		
TE	Timod Typed tellic					1 1 1 1		
8	19. Discrepancy Indication Space							
FA								
G								
1	20. Facility Owner or Operator Certification of receipt of hazardous materials of	overed by this manifest ex	cept as not	ed in Item 19.				
L		-1				Month Day		
L	Printed/Typed Name N. JAY SOLOMON. Signa	ature M		1.1		105.1.1		

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

